

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

EXPRESS MAIL NUMBER  
EV333997278US

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

24353 7590 03/02/2004

BOZICEVIC, FIELD & FRANCIS LLP  
 200 MIDDLEFIELD RD  
 SUITE 200  
 MENLO PARK, CA 94025



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Donna Macedo	(Depositor's name)
	(Signature)
May 28, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/080,526	02/21/2002	Jutaro Shudo	TEIK-004	8649

TITLE OF INVENTION: TOPICAL PATCH PREPARATION CONTAINING A DELAYED-TYPE HYPERSENSITIVITY INDUCER AND METHODS FOR USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
-------------	--------------	-----------	-----------------	------------------	----------

nonprovisional	NO	\$1330	\$300	\$1630	06/02/2004
----------------	----	--------	-------	--------	------------

EXAMINER	ART UNIT	CLASS-SUBCLASS
----------	----------	----------------

GHALI, ISIS A D	1615	424-448000
-----------------	------	------------

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> Bret E. Field,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> Bozicevic, Field
	<input type="checkbox"/> & Francis LLP
	<input type="checkbox"/> 3 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TEIKOKU PHARMA USA, INC.

Campbell, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0815 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	(Date)
------------------------	--------

Bret E. Field (37,620)

5-28-04

06/02/2004 CNGUYEN1 00000093 500815 10080526

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	30.00 DA

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

**DATE: May 28, 2004**



**EV333997278US)**

**THE EXPRESS MAIL NUMBER OF THE DAY IS: EV333997278US**

**The person taking the Express Mail to the Post Office is: Stuart McLeish**

**EXPRESS MAIL CERTIFICATION**

Date of Deposit: **05/28/2004** I hereby certify that the below-listed papers or fees were inserted into a package addressed to: Commissioner for Patents, PO BOX 1450, Alexandria, Virginia 22313-1450 and was deposited by me with the United States Postal Service "Express Mail Post Office Addressee" service under 37 C.F.R. § 1.10 on the date indicated above.

Signature

Date

5/28/04

<b>Atty. Docket No.</b>	<b>Serial Number</b>	<b>Description</b>	<b>Atty.</b>	<b>Fee</b>
STAN-166	09/716,054	Transmittal, amendment	BEF	
TEIK-004	10/080,526	Issue Fee transmittal <i>in duplicate</i>	BEF	\$1630
SEEK-007PRV	60/539,447	Corrective Recordation Cover Sheet, Marked up copies of incorrect recordation and assignment papers Express mail no.: EV333997278US	PJS	\$40
RIGL-019PRV	60/518,863	Corrective Recordation Cover Sheet, Marked up copies of incorrect recordation and assignment papers Express mail no.: EV333997278US	JSK	\$40